

HAND DELIVERED

FEC  
FORM 3X

REPORT OF RECEIPTS  
AND DISBURSEMENTS  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2015 JUL 15 AM 11:57  
OfAce Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

International Chiropractors Association Political Action Committee

ADDRESS (number and street)

6400 Arlington Boulevard

Suite 800



Check if different  
than previously  
reported. (ACC)

Falls Church

VA

22042

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00329920

3. IS THIS  
REPORT

☒ NEW  
(N)

OR

☐ AMENDED  
(A)

4. TYPE OF REPORT  
(Choose One)

(a) Quarterly Reports:



April 15  
Quarterly Report (Q1)



July 15  
Quarterly Report (Q2)



October 15  
Quarterly Report (Q3)



January 31  
Year-End Report (YE)



July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)



Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

☐ Feb 20 (M2)

☐ May 20 (M5)

☐ Aug 20 (M8)

☐ Nov 20 (M11)  
(Non-Election  
Year Only)

☐ Mar 20 (M3)

☐ Jun 20 (M6)

☐ Sep 20 (M9)

☐ Dec 20 (M12)  
(Non-Election  
Year Only)

☐ Apr 20 (M4)

☐ Jul 20 (M7)

☐ Oct 20 (M10)

☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

☐ Primary (12P)

☐ General (12G)

☐ Runoff (12R)

☐ Convention (12C)

☐ Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the  
State of

State

(d) 30-Day  
POST-Election  
Report for the:

☐ General (30G)

☐ Runoff (30R)

☐ Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the  
State of

State

5. Covering Period

MM / DD / YYYY

MM / DD / YYYY

2015

through

MM / DD / YYYY

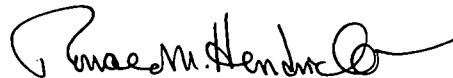
MM / DD / YYYY

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ronald M. Hendrickson, Assistant Treasurer

Signature of Treasurer



Date

MM / DD / YYYY

MM / DD / YYYY

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

OfAce  
Use  
Only

FEC FORM 3X  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
International Chiropractors Association Political Action Committee

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="32,957.53"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="33,746.23"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="2,612.00"/>	<input type="text" value="3,512.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="36,358.23"/>	<input type="text" value="36,409.53"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6,061.48"/>	<input type="text" value="6,172.78"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="30,296.75"/>	<input type="text" value="30,296.75"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="-----"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="-----"/>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name  
International Chiropractors Association Political Action Committee

Report Covering the Period: From: 01 / 01 / 2015 To: 06 / 30 / 2015

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....		
(ii) Unitemized .....	2,612.00	3,512.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2,612.00	3,512.00
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)..... ▶	2,612.00	3,512.00
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received .....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	2,612.00	3,512.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2,612.00	3,512.00

## Page 4

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Ex-  
penditures**

**COLUMN A  
Total This Period**

**COLUMN B  
Calendar Year-to-Date**

- 33. Total Contributions (other than loans)  
(from Line 11(d), page 3) .....
- 34. Total Contribution Refunds  
(from Line 28(d)) .....
- 35. Net Contributions (other than loans)  
(subtract Line 34 from Line 33) .....
- 36. Total Federal Operating Expenditures  
(add Line 21(a)(i) and Line 21(b)) .....
- 37. Offsets to Operating Expenditures  
(from Line 15, page 3).....
- 38. Net Operating Expenditures  
(subtract Line 37 from Line 36) .....

2,612.00
-----
2,612.00
6,061.48
-----
6,061.48

3,512.00
-----
3,512.00
6,172.78
-----
6,172.78

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 3

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

International Chiropractors Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. US Postal Service

Date of Disbursement

Mailing Address

800 West Broad Street

City State Zip Code

Falls Church VA 22042

Purpose of Disbursement

postage for member mailing

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

\$245.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☒ Other (specify) Administration

State: District:

Date of Disbursement

B. US Postal Service

Mailing Address

800 West Broad Street

City State Zip Code

Falls Church VA 22042

Purpose of Disbursement

postage for member mailing

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

\$180.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☒ Other (specify) Administration

State: District:

Date of Disbursement

C. Federal Express

Mailing Address

PO Box 371461

City State Zip Code

Pittsburgh PA 15250

Purpose of Disbursement

shipping of award

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

\$174.80

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☒ Other (specify) Administration

State: District:

SUBTOTAL of Disbursements This Page (optional)

\$599.80

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2 OF 3

☒ 21b 22 23 24 25 26  
27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

International Chiropractors Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Federal Express		Date of Disbursement
Mailing Address PO Box 371461		MM / DD / YYYY 06 / 17 / 2015
City Pittsburgh	State PA	Zip Code 15250
Purpose of Disbursement express shipping expense	Candidate Name	Amount of Each Disbursement this Period 46.68
Of/Ace Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Administration	
State:	District:	

B. US Postal Service		Date of Disbursement
Mailing Address 800 West Broad Street		MM / DD / YYYY 06 / 24 / 2015
City Falls Church	State VA	Zip Code 22042
Purpose of Disbursement postage for member mailing	Candidate Name	Amount of Each Disbursement this Period 370.00
Of/Ace Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Administration	
State:	District:	

C. US Postal Service		Date of Disbursement
Mailing Address 800 West Broad Street		MM / DD / YYYY 06 / 05 / 2015
City Falls Church	State VA	Zip Code 22042
Purpose of Disbursement postage for member mailing	Candidate Name	Amount of Each Disbursement this Period 240.00
Of/Ace Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Administration	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....

656.68

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:  
 (check only one)

PAGE 3 OF 3

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

International Chiropractors Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. On-Line Image**

Mailing Address

1591 Williamsport Drive

City

San Jose

State

CA

Zip Code

95131

Purpose of Disbursement

software expense

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Administration

State:

District:

Date of Disbursement

MM / DD / YYYY  
 06 / 08 / 2015

Amount of Each Disbursement this Period

4,000.00

Full Name (Last, First, Middle Initial)

**B. US Postal Service**

Mailing Address

800 West Broad Street

City

Falls Church

State

VA

Zip Code

22042

Purpose of Disbursement

postage for member mailing

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Administration

State:

District:

Date of Disbursement

MM / DD / YYYY  
 05 / 16 / 2015

Amount of Each Disbursement this Period

605.00

Full Name (Last, First, Middle Initial)

**C. Dr. Gary Street**

Mailing Address

400 S. West Street

City

Olney

State

IL

Zip Code

62450

Purpose of Disbursement

travel expense reimbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Administration

State:

District:

Date of Disbursement

MM / DD / YYYY  
 05 / 07 / 2015

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

6,061.48



[illegible]

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

☒

Hand Delivered

Date of Receipt

7-15-15

☐

USPS First Class Mail

Postmarked

Date of Receipt

☐

USPS Registered/Certified

Postmarked (R/C)

☐

USPS Priority Mail

Postmarked

☐

USPS Priority Mail Express

Postmarked

☐

Postmark Illegible

☐

No Postmark

☐

Overnight Delivery Service (Specify):

Shipping Date

Next Business Day Delivery

☐☐

Received from House Records & Registration Office

Date of Receipt

☐

Received from Senate Public Records Office

Date of Receipt

☐

Received from Electronic Filing Office

Date of Receipt

☐

Other (Specify):

Date of Receipt or Postmarked

*CH*

7-15-15

PREPARER

DATE PREPARED

(3/2015)